Sunrise Gymnastics Waiver and Release of Liability

Last and First Name:			
Date of birth		Phone No:	
Address Street:		City:	ZIP:
Emergency contact Name:			

In consideration of the services of Sunrise Gymnastics, Inc., their agents, owners, officers, volunteers, participants, employees, and the other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Sunrise Gymnastics"), I hereby agree to release and discharge Sunrise Gymnastics, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that the activities involved in the use of any of Sunrise Gymnastics' services or facilities entail significant risks, both known and unknown, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties.
2. I expressly agree and promise to accept and assume all of the risks existing in these activities, both known and unknown, whether caused or alleged to be caused by the negligent acts or omissions of Sunrise Gymnastics. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Sunrise Gymnastics from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Sunrise Gymnastics equipment or facilities, including any such claims which allege negligent acts or omissions of Sunrise Gymnastics.
4. Should Sunrise Gymnastics or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or Indirectly, by any such condition.
6. I agree to abide by the rules of the facility.

signature

Date